As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

Process for the preparation of substituted 4,4'-diaminostilbene-2,2'-disulphonic acids

the specification of wh	nich is attached he	ereto,			
or was filed on		as			
Application Serial No.					
I hereby state that lidentified specification			the contents of the above		
I acknowledge the dube material to patents §1.56.	ity to disclose to ability as defined	the Office all in Title 37, C	Information known to me to ode of Federal Regulations,		
of any foreign appli and have also identif	cation(s) for pat fied below any fo	ent or invento reign application	5, United States Code, \$119 or's certificate listed below on for patent or inventor's pplication on which priority		
Prior Foreign Application(s), the priority(ies) of which is/are to be claimed:					
19706238.5 (Number)	Germany (Country)		ry 18, 1997 Day/Year Filed)		
I hereby claim the benefit under Title 35, United States Code, \$120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, \$112, I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, \$1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:					
(Application Serial N	o.) (Fi	ling Date)	(Status) (patented, pending, abandoned)		
(Application Serial N	o.) (Fi	ling Date)	(Status)		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTOENEY: As a na this application and transact all bus

ey(s) and/or agent(s) to prosecute on the Patent and Trademark Office contact therewith:

Arnold Sprung, Reg. No. 17,232; Nathaniel D. Kramer, Reg. No. 25,350; Ira J. Schaefer, Reg. No. 26, 802 and Esther Steinhauer, Reg. No. 40,255 all of 120 White Plains Road, Tarrytown, New York 10591; Kurt G. Briscoe, Reg. No. 33,141; William C. Gerstenzang, Reg. No. 27,552; Paul J. Juettner, Reg. No. 20,974; and Carmella A. O'Gorman, Reg. No. 33,749 all of 660 White Plains Road, 4th Floor, Tarrytown, New York 10591-5144, with full power of substitution and revocation.

Send Correspondence To: SPRUNG KRAMER SCHAEFER & BRISCOE

Direct Telephone Calls To:

660 White Plains Road, 4th Floor Tarrytown, New York 10591-5144 (914) 332-1700

FULL NAME OF SOLE OR FIRST INVENTOR Ulrich_FELDHUES_	INVENTOR'S SIGNATURE	Tues	DATE 08/97
RESIDENCE USA 29412 Charleston S.C., USA		CITIZENSHIP German	•
POST OFFICE ADDRESS P.O. Box 118088, USA 29412 Charleston	S.C., USA		
FULL NAME OF SECOND INVENTOR _Rolf_BROCKMANN	INVENTOR'S SIGNATURE		DATE 04. Det. 1997
RESIDENCE 51469 Bergisch Gladbach, Germany	7	CITIZENSHIP German	
POST OFFICE ADDRESS Piddelbornstr.16, 51469 Bergisch Gladba	ch, Germany		
FULL NAME OF THIRD INVENTOR Udo ECKSTEIN	INVESTOR'S SIGNATURE		DATE Jec. 5 17
RESIDENCE 51061 Köln, Germany		CITIZENSHIP German	
POST OFFICE ADDRESS Bilharzstr.9, 51061 Köln, Germany			
FULL NAME OF FOURTH INVENTOR Detlef SZEYMIES-	INVENTOR'S SIGNATURE	:20	DATE 04. D.ez. 1997
residence 51515 Kürten, <u>Germany</u>	, 0	CITIZENSHIP German	
POST OFFICE ADDRESS	••		